

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREPamela J. Bergmann

Plaintiff

V.

Corporal Hanna, CO JJ King, H. Gunseman

Defendant(s)

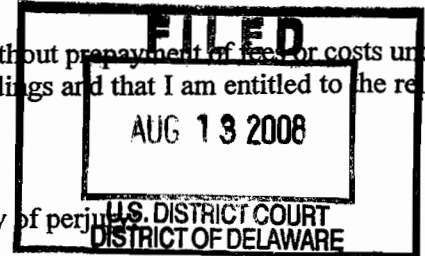
APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

I, Pamela J. Bergmann declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? • • Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration SCCC 800 P / SWRU 2307 Dupont Blvd Georgetown, DE 19947Inmate Identification Number (Required): 175662Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3-07 State of Delaware Cape Henric High School District 1070 Kings Hwy, Lewes DE 19958(3)

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	• • No
b. Rent payments, interest or dividends	• • Yes	• • No
c. Pensions, annuities or life insurance payments	• • Yes	• • No
d. Disability or workers compensation payments	• • Yes	• • No
e. Gifts or inheritances	• • Yes	• • No
f. Any other sources	• • Yes	• • No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

Disability Workers Compensation \$1021.00 per month

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

☒ Yes ☐ NoIf "Yes" state the total amount \$ 400.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☒ Yes ☐ No

If "Yes" describe the property and state its value.

Real Estate \$149,000 one \$120,000 property (main home)  
 1988 Ford Mustang \$5000 - as is not operable  
 2002 Honda CRV \$6000 - high mileage - work vehicle - personal use  
 2002 Honda Rebel m/c \$4000 - as is

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state
- NONE*
- if applicable.

A J L Be \$2000 monthly for my son

I declare under penalty of perjury that the above information is true and correct.

8-11-08

DATE

  
 SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Cash in Book as of 8/17/08 \$32.50



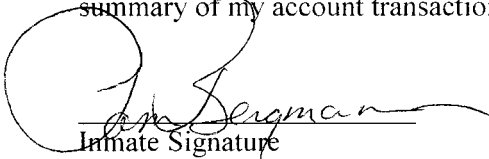
**REQUEST FORM**  
**FOR**  
**INMATE ACCOUNT ACTIVITY STATEMENT**

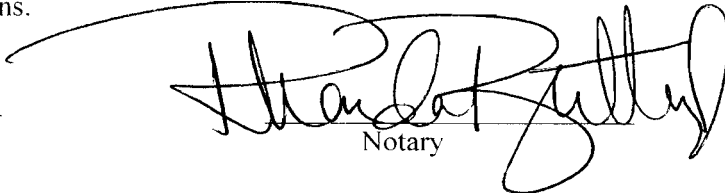
Inmate Name: Bergmann Pamela J. SBI Number: 175662  
(Last) (First) (M.I.)

Housing Unit: VOP Pod 5

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In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

  
Inmate Signature

  
Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: 8/8/08

**INMATE ACCOUNT STATEMENT**

TO: Inmate Name: bergmann Pamela  
(Last) (First) (M.I.)  
SBI Number: 175662  
Housing Unit: \_\_\_\_\_

FR: Inmate Account Technician

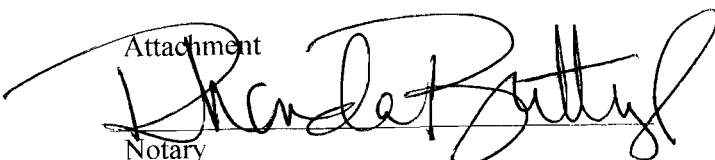
DA: 8/8/08

RE: Summary Of Account

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Attached is your account statement for the six month period of July 22, 2008  
through 8/8 2008.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ \_\_\_\_\_.

Attachment  
  
Notary